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CLIENT/MATTER NO.: 26965-2536

DATE: Tuesday, May 24, 2005 05:26:26 PM

TO THE FOLLOWING:

NAME: USPTO General No.

COMPANY: USPTO

FACSIMILE NO.: 1 703 872-9306

COMPANY NO.:

FROM: Mark Bergner

DIRECT DIAL NO.: 312.258.5779

Transmission consists of cover sheet plus 20 page(s).

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COMMENTS:

Amendment A

USSN 10/081,815

Conf. No. 1760

Atty. Docket P02,0053

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PATENT DEPARTMENT
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APPLICANT: Helmut BARFUSS, et al DOCKET NO: P02,0053
SERIAL NO.: 10/081,815 ART UNIT: 2621
FILED: February 21, 2002 EXAMINER: Patel, Shefalid
CONF. NO.: 1760

TITLE: METHOD AND APPARATUS FOR MATCHING AT LEAST ONE VISUALIZED MEDICAL MEASURED
RESULT WITH AT LEAST ONE FURTHER DATASET CONTAINING SPATIAL INFORMATION

AMENDMENT "A"

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS		MINUS		X	() X 25.00 () X 50.00	
INDEF. CLAIMS		MINUS		X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month(s) so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached.
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Director is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)
Patent Department

BY Mark Bergner (45,877)

I hereby certify that this correspondence is being telefaxed to the U.S. Patent and Trademark Office telephone number (703) 872-9306 and addressed to: Mail Stop Amendment Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on May 24, 2005.

Mark Bergner

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MAY 24 2005

Appl. No. 10/081,815
Reply to Office Action of February 24, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**AMENDMENT A**

APPLICANT: Helmut BARFUSS, et al. DOCKET NO: P02,0053

SERIAL NO.: 10/081,815 ART UNIT: 2621

FILED: February 21, 2002 EXAMINER: Patel, Shefalid

CONF. NO.: 1760

TITLE: METHOD AND APPARATUS FOR MATCHING AT LEAST ONE
VISUALIZED MEDICAL MEASURED RESULT WITH AT LEAST
ONE FURTHER DATASET CONTAINING SPATIAL INFORMATION

5 Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir,

10 In response to the Office Action dated February 24, 2005 ("OA"), please
amend the above-identified application as follows.

Amendments to the Specification are reflected in the amendments
beginning on page 2 of this paper.

15 Amendments to the Claims are reflected in the listing of claims which
begins on page 4 of this paper.

Remarks/Arguments begin on page 10 of this paper.